IPDR6702				NORTH CAROLINA		PAG	E: 1	
	: 12/15/2003		IP'	RS CHECKWRITE SUMMARY REPORT		r AG		
				CHECKWRITE DATE: 12/15/2003				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0		0
3404902	BLUE RIDGE COMM	8599	8	DETAIL NOT COVERED BY COMBINAT				
	UNITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE	3	11	50	38
				RVICES IN IPRS.				
						<u> </u>		
3404905	TREND COMM MENT	11	195	CLIENT NOT ELIGIBLE ON SERVICE		<del>                                     </del>	<del>                                     </del>	
•	AL HLTH CTR		_	DATE		+		
							<del>                                     </del>	
		8599	77	DETAIL NOT COVERED BY COMBINAT	0	317	1472	1155
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	29	CLIENT ID NUMBER MISSING OR IN				
		120		VALID. ENTER CID AND SUBMIT		+	<del>                                     </del>	
			-	AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	21	130	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	130	152	22
3404910	PATHWAYS	21	32	DUPLICATE OF CLAIM-SYSTEM				
	FAIRWAIS		_					
		8518	28	CLAIM DENIED, SUBMITTED BEYOND	2	110	499	389
				FILING TIMELIMIT. MAY AND  JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUST BE SUBMITTED BY		<u> </u>	<del>                                     </del>	
		8517	24	CLAIMS DENIED, SUBMITTED BEYON				
		1		D FILING TIMELIMIT. JULY				
	1			THROUGH APRIL DOS MUST BE SUBM		†	†	
3404912	CATAWBA COUNTYM	8505	33	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET		<u> </u>	<u> </u>	
						<del>                                     </del>	<del>                                     </del>	
	+	8931	4	AMTNC INELIGIBLE TO RECEIVE SE		<del> </del>	1818	1775
				RVICES IN IPRS.	4	43	1818	1//5
	1						<del>                                     </del>	
		8599	2	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.			<del> </del>	
3404913	<del> </del>	120	638	CLIENT ID NUMBER MISSING OR IN		<del>                                     </del>	<del>                                     </del>	
- 10 17 13	MECKLENBURG COM	120		VALID. ENTER CID AND SUBMIT		<del> </del>	<del> </del>	
	ENTAL HEALT		_	AS A NEW CLAIM		+	<del>                                     </del>	
	1						<del>                                     </del>	
		8599	432	DETAIL NOT COVERED BY COMBINAT	129	1773	7514	5741
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		E 2 7	402	PROGRAMME TO NOT COVERAGE TO THE		<u> </u>	<u> </u>	
		537	403	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE		<del></del>		
				DATE OF SHAVIOR		<del> </del>	<del> </del>	
	i contraction of the contraction	1	1	1	1	1	1	1

SOUTH   SOUT								TOTAL	TOTAL
1997   1997	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
1709AL SEAL	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS			PAID
1709AL SEAL									
1921   13   15   15   15   15   15   15   1	3404916	CROSSROADS BEHA	21	59	DUPLICATE OF CLAIM-SYSTEM				
PROF. MACROCATION, S. R. P. P. CONTROL		VIORAL HEAL							
MARCH   MARC			8621	15	60 RESIDENTIAL LEVEL III TREAT	8	92	602	510
1985   1985					MENT RECEIVED, PA IS REQUIRED				
144443   1550					FOR ADDITIONAL SERVICE.				
144443   1550									
1441917   CONTRIBUTION OF THE PROPERTY AND CONTRIBUTE OF COMPANIES   CONTRIBUTION OF CONTRIB			8599	9	DETAIL NOT COVERED BY COMBINAT				
144917   CONTROLOGY UNA   569   190					ION OF RECIPIENT, PROVIDER AND				
March   Marc					BENEFIT PACKAGE.				
March   Marc									
100	3404917	CENTERPOINT HUM	8599	1900	DETAIL NOT COVERED BY COMBINAT				
1935   559   Market Periodelle To Receive 56					ION OF RECIPIENT, PROVIDER AND				
120   77   CLEBY TO WERREN RESIDE OF THE		111 02111 1020			BENEFIT PACKAGE.				
120   77   CLEBY TO WERREN RESIDE OF THE									
			8935	309	ASTNC INELIGIBLE TO RECEIVE SE	367	2583	5590	3007
120   77   CLEDY TO STORES MISSING OR TH						307	2303	3330	3007
WALTER SUPPLY CONTINUENTS OF   WALTER STATE OF									
WALTER SUPPLY CONTINUENTS OF   WALTER STATE OF		+	+			1	1		
WALLO MAY A MESCAM   A A MESC			120	77	CLIENT ID NUMBER MISSING OR IN				
AS A MERICAN   AS A				1					
1949    1940									
OPEN					NO A NEW CHAIN				
OPEN	2404010		9500	20	DETAIL NOT COVEDED BY COMPINE				
SOUTH   SOUT	2404218		0099	30		1			
		ENTAL HEALT							
NY BUDGET 1.0 NY BUDGET 1.1 NY					BENEFIT PACKAGE.				
NY BUDGET 1.0 NY BUDGET 1.1 NY									
NAME			8505	30		11	97	839	741
					NT BUDGET				
### STORE RAYS.    STORE RAYS.			8800	8	FURTHER PROCESSING NECESSARY,				
194919   1940					PLEASE CHECK FOR CLAIM ON				
TAL HEALTHC					FUTURE RA'S.				
TAL HEALTHC									
TAL HEALTHC   NT BUDGET   NT	3404919	GUILFORD CO MEN	8505	716	CLAIM DENIED DUE TO INSUFFICIE				
Second   S					NT BUDGET				
PLEASE CHECK POR CLAIM ON									
PLEASE CHECK POR CLAIM ON									
PLEASE CHECK POR CLAIM ON			8800	324	FURTHER PROCESSING NECESSARY,	9.0	1///0	5162	3713
FUTURE RA'S.   FUTU						00	1443	3102	3/13
Second   S									
ION OF RECIPIENT, PROVIDER AND   BENEFIT PACKAGE.									
ION OF RECIPIENT, PROVIDER AND   BENEFIT PACKAGE.			8599	227	DETAIL NOT COVERED BY COMBINAT				
BENEFIT PACKAGE.    BENEFIT PACKAGE.			0000						
ALAMANCE CASWEL   8505   300   CLAIM DENIED DUE TO INSUFFICIE									
L AREA MH D					BENEFIT INCINOE.				
L AREA MH D	2404020	1	9505	200	CLAIM DENIED DUE TO INCUEDICIE	1	1		
### AREA MR D    188   DETAIL NOT COVERED BY COMBINAT   109   672   1541   869     100	J4U49ZU		0000	300		-			
ION OF RECIPIENT, PROVIDER AND   100   1		L AREA MH D			NI DODGET				
ION OF RECIPIENT, PROVIDER AND   100   1									
ION OF RECIPIENT, PROVIDER AND   100   1			0500	100					
BENEFIT PACKAGE.  8933 96 ADTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  3404921 ORANGE PERSON C 8599 108 DETAIL NOT COVERED BY COMBINAT HATHAM AREA ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  5312 74 PRIOR AUTHORIZED DOLLARS EXCEE 24 417 2669 225: DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR			8599	188		109	672	1541	869
8933 96 ADTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  3404921 ORANGE PERSON C 8599 108 DETAIL NOT COVERED BY COMBINAT HATHAM AREA ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  5312 74 PRIOR AUTHORIZED DOLLARS EXCEE 24 417 2669 2252 DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR					•				
RVICES IN IPRS.  RVICES IN IPRS.  ORANGE PERSON C 8599 108 DETAIL NOT COVERED BY COMBINAT  HATHAM AREA  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FIGURE AUTHORIZED DOLLARS EXCEE  24 417 2669 2252  DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR					BENEFIT PACKAGE.				
RVICES IN IPRS.  RVICES IN IPRS.  ORANGE PERSON C 8599 108 DETAIL NOT COVERED BY COMBINAT  HATHAM AREA  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FIGURE AUTHORIZED DOLLARS EXCEE  24 417 2669 2252  DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR									
3404921 ORANGE PERSON C 8599 108 DETAIL NOT COVERED BY COMBINAT HATHAM AREA 1 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  5312 74 PRIOR AUTHORIZED DOLLARS EXCEE 24 417 2669 2252 DED 252			8933	96					
HATHAM AREA					RVICES IN IPRS.				
HATHAM AREA									<u> </u>
HATHAM AREA									
HATHAM AREA ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  5312 74 PRIOR AUTHORIZED DOLLARS EXCEE 24 417 2669 2252  DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR	3404921	ORANGE PERSON C	8599	108					
BENEFIT PACKAGE.  5312 74 PRIOR AUTHORIZED DOLLARS EXCEE 24 417 2669 225:  DED  5404 72 SEVERE DUPLICATE: SAME ATTD PR					ION OF RECIPIENT, PROVIDER AND				
DED  DED  S404  72 SEVERE DUPLICATE: SAME ATTD PR					BENEFIT PACKAGE.				
DED  DED  S404  72 SEVERE DUPLICATE: SAME ATTD PR									
DED  5404 72 SEVERE DUPLICATE: SAME ATTO PR			5312	74	PRIOR AUTHORIZED DOLLARS EXCEE	2.4	417	2669	2252
					DED		111		
							1		
			5404	72	SEVERE DUPLICATE: SAME ATTD PR				
		+	+			<del> </del>			
					* *				
		1				+			ļ

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT	21	2547	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		11	24	CLIENT NOT ELIGIBLE ON SERVICE				
		11	2.1	DATE	C	2571	4138	1567
				5411				
3404923	VGFW AREA AUTHO	11	83	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
		8599	59	DETAIL NOT COVERED BY COMBINAT	6	191	3281	3090
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	16	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
2404004			0	*** NO DATA TO REPORT ***				
3404924	PIEDMONT AREA M	0	0	^^^ NO DATA TO REPORT ***				
	H/DD/SAS		+					
			+					
		0	0		+			
		0	0		C	C	0	0
3404925	SANDHILLS CENTE	8505	2406	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
	R FOR MH/DD							
		8599	167	DETAIL NOT COVERED BY COMBINAT	135	2885	6226	3341
				ION OF RECIPIENT, PROVIDER AND	150	2000	0220	3341
				BENEFIT PACKAGE.				
		8935	115	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404926	SOUTHEASTERN RE	8599	106	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	81	DUPLICATE OF CLAIM-SYSTEM	104	557	5909	5352
		5404	79	CRUPPE DUDI TOAME, CAME AMED DO				
		3404	7.5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
				0V/ FCODE/ 103/ B03/ B0B				
3404927	CUMPERTAND CO M	8505	1711	CLAIM DENIED DUE TO INSUFFICIE				
	CUMBERLAND CO M		+	NT BUDGET	+			
	110		+	+	+			
			1					
		8517	4	CLAIMS DENIED, SUBMITTED BEYON	C	1720	1778	58
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
3404929		21	205	DUDI TOURE OF GLATY OVERTY				
3404929	LEE HARNETT MH/	21	285	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS		+		+			
			+		+			
		8599	67	DETAIL NOT COVERED BY COMBINAT	-			^
				ION OF RECIPIENT, PROVIDER AND	1	423	2580	2157
			+	BENEFIT PACKAGE.	+		1	
			+		+			
	1	8505	19	CLAIM DENIED DUE TO INSUFFICIE				
								1
		0000		NT BUDGET				
				NT BUDGET				
				NT BUDGET				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	DECLIFED NAME	EOBS	DENIALS	DESCRIPTION				
NOMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404020		0001	110	AVENO TUDI LOTDI DE DEGETIO DE				
3404930	JOHNSTON COUNTY	8931	110	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC			RVICES IN IPRS.				
		8599	30	DETAIL NOT COVERED BY COMBINAT	148	184	2186	2002
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	28	ASTNC INELIGIBLE TO RECEIVE SE				
			-	RVICES IN IPRS.				
				RVICES IN IIRO.				
3404931	WAKE CO HUM SVC	8599	468	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	155	ASTNC INELIGIBLE TO RECEIVE SE	299	1151	12955	11804
				RVICES IN IPRS.	299	1131	12933	11004
				RVICES IN TIRO.				
1		21	152	DUPLICATE OF CLAIM-SYSTEM				
<b> </b>								<del></del>
<b> </b>								<del>                                     </del>
2404020		21	42	DUDITORE OF CLAIM OVORTO				
3404932	RANDOLPH/SANDHI	21	43	DUPLICATE OF CLAIM-SYSTEM				
1	LLS CO MH C				<u></u>	<u></u>		
		120	38	CLIENT ID NUMBER MISSING OR IN		400	0.50	550
				VALID. ENTER CID AND SUBMIT	45	197	956	759
				AS A NEW CLAIM				
		143	31	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404933	SOUTHEASTERN CT	8505	355	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		5404	26	SEVERE DUPLICATE: SAME ATTD PR	0.4	400	0050	4000
		0.10.1	20	OV/PCODE/TOS/DOS/MOD	31	483	2352	1869
				OV/PCODE/10S/DOS/MOD				
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404934	ONSLOW COUNTY B	8505	93	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
	1							
<b> </b>		21	72	DUPLICATE OF CLAIM-SYSTEM	25	2	641	312
	+		1		25	316	641	312
-	+		1					
<u></u>				<u> </u>				
	<u> </u>	11	33	CLIENT NOT ELIGIBLE ON SERVICE				
1				DATE				
	+							<del>                                     </del>
3404935	+	0	0	*** NO DATA TO REPORT ***				-
2707233	WAYNE CO MENTAL	~	, , , , , , , , , , , , , , , , , , ,	NO DATA TO REPORT """				
	HEALTH CTR							
		0	0		0	0	0	0
					U	0	0	U
2404026		0.021	20	AMENIC INDITIONE TO PROPER ST				
3404936	WILSON-GREENE M	8931	30	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				L
<b> </b>	+	8518	22	CLAIM DENIED, SUBMITTED BEYOND				
-	+		1	FILING TIMELIMIT. MAY AND	37	80	1201	1121
L				JUNE DOS MUST BE SUBMITTED BY				
1								
		21	15	DUPLICATE OF CLAIM-SYSTEM				
	+							<del>                                     </del>
-	+							
-	+		1					
<u></u> _								

				1				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOUT DELL MAIL				DENTITED	DENTITED	111111111111111111111111111111111111111	111111
3404937	EDGECOMBE NASH	8599	670	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTH C			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			E 10					
		8935	549	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	690	2096	11881	9785
				RVICES IN IPRS.				
		8000	477	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404939		11	507	CLIENT NOT ELIGIBLE ON SERVICE				
2404233	NEUSE MENTAL HE	11	597	DATE				
	ALTH CENTER							
	+	8599	233	DETAIL NOT COVERED BY COMBINAT	153	1718	5042	3324
				ION OF RECIPIENT, PROVIDER AND	153	1/18	5042	3324
				BENEFIT PACKAGE.				
		8518	140	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404941	PITT CO MH/DD/S	120	51	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		143	38	CLIENT ID NUMBER NOT ON STATE				
		143	38	ELIGIBILITY FILE	2	162	793	631
				EBIGIBILII FIBE				
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404942	ROANOKE CHOWANH	10	60	DIAGNOSIS OR SERVICE INVALID F				
	UMAN SERVIC			OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND	4	89	1350	1261
		1		FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	10	DETAIL NOT COVERED BY COMBINAT				
		0000		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				+				
3404943	ALBEMARLE MENTA	8599	34	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				_				
		8621	29	60 RESIDENTIAL LEVEL III TREAT	22	138	1287	1149
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		21	20	DUDI TOMBE OF CLAIM CVCCCV				
		21	29	DUPLICATE OF CLAIM-SYSTEM				
3404944	PACEDOTNEE UUMA	8505	92	CLAIM DENIED DUE TO INSUFFICIE				
	EASTPOINTE HUMA N SERVICES			NT BUDGET				
	IN OPENATORS			+				
		8931	88	AMTNC INELIGIBLE TO RECEIVE SE	115	436	3196	2758
				RVICES IN IPRS.	113	250	3230	2.30
		8599	68	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

OVIDER NAME THILLS AREAM AL HEALT	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	TOTAL CLAIMS	TOTAL
THILLS AREAM	EOBS	DENIALS	DESCRIPTION		TOTAL		
THILLS AREAM	EOBS	DENIALS	DESCRIPTION		TOTAL		
THILLS AREAM	EOBS	DENIALS	DESCRIPTION		TOTAL	CLAIMS	CTATMS
THILLS AREAM			DESCRIPTION	DENITATO			CLAIMS
	5404	158		PENTALS	DENIALS	FINALIZED	PAID
	5404	158					
			SEVERE DUPLICATE: SAME ATTD PR				
			OV/PCODE/TOS/DOS/MOD				
	7007	112	EXCEEDS MAXIMUM UNITS ALLOWED	11	8 579	2.	1819
			PER MONTH(S)	2,	07.5	2.	70 1013
							-
	143	109	CLIENT ID NUMBER NOT ON STATE				
PIAND MENTAL	8599	136	DETAIL NOT COVERED BY COMBINAT		+		-
							-
ALIH CIK							_
							_
	8800	39	FURTHER PROCESSING NECESSARY				301 1978
				9,	323	2.	01 1978
			FOTOKE KA 5.				
	8935	36	ASTNC INELIGIBLE TO RECEIVE SE				
			NTOLO IN IIIO.				
	HIGH DENIES	NUMBER OF					TOTAL
			PROGRAMMON	TNC			CLAIMS
OVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
IDSON CO MEN	8524	2					
HLTH CT							
			PROVIDER.				
	0	0			) 2		2 0
RIVER AREAM	21	335	DUPLICATE OF CLAIM-SYSTEM				
D/SA PRO					1	<u> </u>	
	-						
	8599	16	DETAIL NOT COVERED BY COMBINAT	(	354		784 430
			ION OF RECIPIENT, PROVIDER AND				
			BENEFIT PACKAGE.				
	8505	2	CLAIM DENIED DUE TO INSUFFICIE		1		
			NT BUDGET		+		-
	HLTH CT	BROO BROOM B	136	ELIGIBILITY FILE  LAND MENTAL  8599  136  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8800  39  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  8935  36  ASTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  VIDER NAME  EOBS  DENIALS  DENIALS  DESCRIPTION  DSON CO MEN  8524  2  CLAIM DENIED, PROVIDER MUST BE  DESIGNATED AS A BILLING  PROVIDER.  0  0  0  RIVER AREAM  21  335  DUPLICATE OF CLAIM-SYSTEM  /SA PRO  8599  16  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  8505  2  CLAIM DENIED DUE TO INSUFFICIE	ELIGIBILITY FILE  LAND MENTAL 8599 136 DETAIL NOT COVERED BY COMBINAT  LTH CTR  BENEFIT PACKAGE.  8800 39 FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  8935 36 ASTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  HIGH DENIAL NUMBER OF  VIDER NAME EOBS DENIALS DESCRIPTION DENIALS  BSON CO MEN 8524 2 CLAIM DENIED, PROVIDER MUST BE  RLTH CT  DESIGNATED AS A BILLING  PROVIDER.  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ELIGIBILITY FILE  LAND MENTAL  8599  136  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  8800  39  FURTHER PROCESSING NECESSARY,  94  323  FURTHER PROCESSING NECESSARY,  95  FUTURE RA'S.  8935  36  ASTNC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  HIGH DENIAL  NUMBER OF  WIDER NAME  EORS  DENIALS  DESCRIPTION  DENIALS  BENEFIT FACKAGE.  RIVER AREAM  21  335  DUPLICATE OF CLAIM-SYSTEM  RIVER AREAM  8599  16  DETAIL NOT COVERED BY COMBINAT  O 354  BENEFIT FACKAGE.  8599  16  DETAIL NOT COVERED BY COMBINAT  O 354  BENEFIT FACKAGE.	LAND MENTAL  S599  136  DETAIL NOT COVERED BY COMBINAT  100 OF RECEPTENT, PROVIDER AND  SENETI PACKAGE.  B800  39 FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE NA'S.  S935  36 ASTNC INELIGIBLE TO RECEIVE SE  NICES IN IPRS.  NICES IN IPRS.  RIGH DENIAL  NUMBER OF  BIGH DENIALS  SON CO MEN  B524  2 CLAIM DENIED, PROVIDER MUST BE  RIFH CT  DESIGNATED AS A BILLING  PROVIDER.  DESIGNATED AS A BILLING  PROVIDER.  DESIGNATED AS A BILLING  RIVER AREAM  21 335  DUPLICATE OF CLAIM-SYSTEM  S599  16 DETAIL NOT COVERED BY COMBINAT  DESIGNATED AS A DENIALS  O 354  7  RIVER AREAM  21 335  DUPLICATE OF CLAIM-SYSTEM  SENETI PACKAGE.  S505  2 CLAIM DENIED DUE TO INSUFFICIE